

eHealth Care Quality and Patient Safety Board
Financing Workgroup
July 31, 2006
Discussion Summary

(note: In place of formal meeting minutes, the proceedings of the meeting are recorded by the teleconference service and available for listening.)

Members Present: Kevin Hayden (chair), Kendra Jacobsen, Jim Johnston, Brad Manning, Nancy Nankivil-Bennet, Chris Queram, Greg Simmons, Tim Size

Staff Present: Donna Friedsam, Larry Hanrahan, Fredi Bove, Susan Wood, Stacia Jankowski, Seth Foldy (by teleconference)

Discussion Points

The group reviewed the meeting materials and raised a number of question and points. Among them:

- The boundary between HIT and HIE is not entirely clear. Yet the literature demonstrates differential ROI for HIT and HIE for various consistencies. In particular, data from Santa Barbara suggests that the ROI for HIE in smaller markets (one hospital and fewer than 100 physicians) has not been demonstrated.
- It will be important to develop incentives that keep rural hospitals on the road toward developing robust HIT rather than diverting their resources toward an EMR-lite project for the purposes of near-term inter-operability.
- The various cost estimates that we have derived must be viewed as ballpark figures and reported as ranges. As well, we can check the validity of the figures by considering that Wisconsin, with approximately 2% of the U.S. population, might be expected to account for about 2% of the national costs that have been estimated in the literature for HIT/HIE.
- The table with sensitivity analysis for HIT adoption needs to include hospitals as well as physicians offices.

The group also reviewed the draft eHealth Financed Workgroup report for the August 3 eHealth Board meeting. They suggested several changes in wording and representation of figures, all of which are included in the report that was presented on August 3.

Next Steps:

- Identify specific financing incentives for provider EHR/HIT adoption including the specific role for the state and private sector stakeholders.
- Endorse the baseline assumptions and financial projects for inclusion in final report to eHealth Board.
- Integrate the finance group's considerations regarding gradual phase-in specific functions and their respective costs with the recommendations for system design and function that are being developed by the Patient Care and Information Exchange work groups.